The effectiveness of prephonic training between kindergarten and first grade levels as a tool for acquiring reading skills was explored throughout the public school system in the city of New Bedford, Massachusetts. A sample population of 260 kindergartners was identified as having potential learning difficulties by the results shown on the Slingerland, Mahon and Metropolitan Readiness Tests. This sample was randomly assigned to either Group one, experimental, or to Group two, control. The research design applied was the Campbell and Stanley number 6, posttest two group design. Group one received the Mahon System of assistance given by teacher aides trained by Dr. Mahon. Group two received only the assistance based upon current reading materials used in the entire school system. Time allotment was half an hour a day for each group. The results of the posttest confirmed the value of prephonic training where early diagnosis had identified potential learning difficulties. As a by product, the areas of early identification found to be most appropriate for individualized instruction were revealed. [Marginal reproducibility of some pages.] (Author)
FINAL REPORT
Project No. 0-A-059
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A PROJECT TO EVALUATE THE EFFECTIVENESS OF PRE-PHONIC TRAINING BETWEEN KINDERGARTEN AND FIRST GRADE LEVELS.

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Report submitted:
December 21, 1971
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June 16, 1972

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Office of Education
Bureau of Research
A PROJECT TO EVALUATE THE EFFECTIVENESS OF PRE-PHONIC
TRAINING BETWEEN KINDERGARTEN AND FIRST GRADE LEVELS.
(PROJECT PEEP)

Kathleen B. Marko; Florence L. Mahon and George A. Nigro

Dr. James R. Hayden, Superintendent of Schools
New Bedford Public Schools
New Bedford, Massachusetts 02740
June 16, 1972

The research reported herein was performed pursuant to
a grant, OEG-1-71-0005 (509), with the Office of Education,
U.S. Department of Health, Education, and Welfare. Con-
tractors undertaking such projects under Government spon-
sorship are encouraged to express freely their professional
judgment in the conduct of the project. Points of view or
opinions stated do not, therefore, necessarily represent
official Office of Education position or policy.
The Project to Evaluate the Effectiveness of Pre-phonics Training between Kindergarten and First Grade, known as Project PEEP, was completed insofar as the student instruction, by June 1971.

In the following pages are the results and details of the completed study, of which the data was computed, analyzed and reported in December 1971 and resubmitted in June 1972.

Early diagnosis has proved predictable of later performance and its value is indicated in the results and conclusions. Pre-phonics training has also proved effective in achieving reading success. Therefore, it is the opinion of the project personnel that more opportunities should be given to the child between kindergarten and first grade levels to express his weaknesses (through early diagnosis) and to receive prescriptive teaching, that is, early pre-phonics training, for identified weaknesses.

Credit is given to Dr. Florence Mahon for use of her copyrighted materials (see appendix). Other standardized tests used are credited to their authors in the text.

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ACCOMPLISHMENTS

In particular, we wish to thank the following people for their distinctive and individual contributions: Dr. James H. Hayden, Superintendent of Schools, New Bedford, for sponsoring the Project; Mrs. Itasia Gorczyca, Principal, Charles J. Ashley School, for providing office space and supplementary services; Mr. Carneiro, Principal of the Parker School, for providing similar services when a move was necessitated; Mr. Norman Tripp, Mrs. Grace Frey and Mrs. Ellen Shepherd, for conscientious supplementary services; and to the minister of St. John's Church for providing rooms used in training the teacher aides.

Individually, our thanks go to all the teacher aides, their cooperating teachers and principals, who helped us to complete the work on schedule.

Special mention goes to the local and regional representatives of the Department of Health, Education and Welfare, who encouraged us to persevere against unavoidable setbacks which occurred from time to time during the life of this Project.

To the un-named people who gave us help and assistance throughout, we offer our sincere appreciation.

Kathleen Barrett Marko
Project Director

New Bedford, Massachusetts
December, 1971
ABSTRACT

The effectiveness of pre-phonics training between kindergarten and first grade levels as a tool for acquiring reading skills was explored throughout the public school system in the city of New Bedford, Massachusetts.

A sample population of 260 kindergartners was identified as having potential learning difficulties by the results shown on the Slingerland, Mahon and Metropolitan Readiness Tests. This sample was randomly assigned to either Group I, experimental, or to Group II, control. The research design applied was the Campbell and Stanley number 6, posttest two group design.

Group I received the Mahon system of assistance given by teacher aides trained by Dr. Mahon. Group II received only the assistance based upon current reading materials used in the entire school system. Time allotment was half an hour a day for each group.

The results of the posttests confirmed the value of pre-phonics training where early diagnosis had identified potential learning difficulties. As a by product, the areas of early identification found to be most appropriate for individualized instruction were revealed.
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II. Total Potential Failures Identified by Slingerland and Mahon Tests

III. Identification of Subpopulation by Random Assignment into either Group I, or Group II

IV. Students Receiving Assistance

V. All Students Posttested
The purpose of this investigation is to study the effectiveness of pre-phonetic training between kindergarten and first grade levels in assisting children identified as having potential reading difficulties to overcome these difficulties. A side product is to determine the appropriate time to identify these weaknesses and to initiate prescriptive teaching.

Currently there is agreement among authorities in the field that reading failure is a growing educational problem. So it is interesting to note that this project was conceived originally by three professional educators, namely, Dr. Florence Mahon, Mr. George Nigro, and Kathleen Barrett Marko.

These educators work in curriculum development for public schools, administration of research for exceptional children and educational research and evaluation. Their combined efforts and interests were focused on beginning learning problems in reading, particularly as there is a noticeable lack of reported research in the areas covered by this investigation.

The procedure to be followed will be to identify all students with potential reading difficulties at first grade level. The elementary schools having such students will then be randomly assigned to either Group I to receive the Mahon System of assistance; or to Group II to receive no such assistance except that accorded by the teacher in the regular use of current reading materials:

a) All instruction for children identified as potential reading failures will be conducted by teacher aides.

b) In the "experimental" group the teacher aides will be trained by Dr. Mahon specifically.

c) In the "control" group the teacher aides will be trained by the classroom teachers in the use of texts currently in use by the entire school system. Specific experience will be provided. (The texts are selected from Lippincott, Houghton Mifflin and Singer Co. Basic Series.)
Introduction (continued)

d) Time allotment will be half an hour a day for both groups.

The Mahon System is new in that it begins at a lower level of readiness. It is unique in that the presentation of instructional materials and techniques used are specifically designed for reaching the developmental level of slow learning children. It is also particularly helpful to bi-lingual children. It is innovative in that it is an original compilation of techniques and procedures, based upon the results of fifteen years of clinical practice, never previously adapted for use in a school system.

Addressing the problem of what methods and materials are effective in assisting students identified to have potential reading difficulties to overcome same, the following hypotheses were made:

1) Null Hypothesis ($H_0$): There is no difference in score totals of the Metropolitan, Houghton-Mifflin or Lippincott Tests, taken separately, between the two groups; that is, between $0_1$ and $0_2$.

2) Alternative Hypotheses ($H_1$): The score totals for Group I, the experimental group taught with the Mahon System of reading readiness, in the Metropolitan, Houghton-Mifflin or Lippincott Tests, taken separately, are greater than those for Group II, the control group using the other systems.

The t tests were one-tailed at the .05 level of significance.

Project PEEP confirmed the value of specific individualized assistance prescribed to pupils with identified weaknesses in reading skills. The Project also revealed which aspects of identification are most appropriate in early screening procedures. As a byproduct, the K.S. Test was refined as a diagnostic instrument.

The major objective is described, initially, as the purpose of this investigation.

Contributory objectives include the following:

a) Interdisciplinary acceptance of sponsorship
Introduction (continued)

by school board members.

b) **Obtaining support services from the school system.**

c) Use and training of teacher aides in the Mahon system. Also, their training in the administration and use of the Kindergarten Screening Test.

d) **Collection of data from sample population located in twenty different schools.**
   (Test data and relevant information amounted to 148 items for each of 260 children.)

e) **Development of supplementary reading devices by the teacher aides under the supervision of Dr. Florence L. Mahon.**

f) **Dissemination of reports and information as needed.**

g) Using computers to record and analyse data.

h) **Maintaining time lines and scheduling as planned.**

- objectives were attained successfully.
Introduction (continued)

**Justification of Testing Auditory and Visual Discrimination at the Kindergarten Level.**

A study of the results of the Kindergarten Test administered to 1,200 kindergarten children as related to its prognostic significance for reading success in the first grade revealed that auditory and visual discrimination were most significant.

- **Auditory Discrimination** -
  - isolated sounds $X^2 = 67.6$ phi $0.46$
  - initial consonant $X^2 = 112.4$ phi $0.608$

- **Visual Discrimination** -
  - matching words $X^2 = 101.6$ phi $0.571$

These results indicate that the methods, techniques and tests used in the New Bedford Public Schools should be replicated for the purpose of verifying earlier findings.

It is expected that if all children about to enter first grade are screened and helped in this manner, there would be a higher percentage of reading successes at the elementary levels than without such techniques. The advantage of these procedures, if demonstrated to be as significant as in previous studies, is that a valid means of reducing the large percentage of reading failures could be provided. The need for careful and relevant research at this grade level is substantiated by many educators, as described in the following review of literature.
Introduction (continued)

Review of Literature

Early Identification and the Educational Problem

The literature suggest that tests given to youngsters when they are beginning school may be of some value in predicting achievement. At best, an individual test provides information concerning only a specific skill and, therefore, of only one aspect of a child's performance. Usually a variety of tests have been employed, with various skills measured, and differences in criteria used.

Katrina de Hirsch states, "testing should do more than simply pick out children who are not yet ready for first grade." Hopefully, then, such a battery would enable one to locate, by means of a total score, those children who would have more difficulty in learning, and to identify the particular area in which training would be helpful.

(de Hirsch) 9

To prevent more serious learning problems from occurring, identification of the child with learning disabilities should be made as early as possible in his school career. When a teacher realizes a child is having learning problems, she can construct an appropriate instructional program for him that will use and develop his skills, experience and potential, while relieving some of the problems that arose from past failures in a conventional school program.

(Haring) 17

Kindergarten youngsters are not subjected to the more formalized academic structure of the first graders, but they do receive a structured program emphasizing the socialization process, perceptual-motor activities, auditory and visual discrimination training, and rote memory training.
Those are all means of identifying learning disorders and disabilities. The child who fails to function as a group member for a number of reasons, of necessity, wants a good deal of individual attention and may be recognized as having a disability.

(Thomas)\textsuperscript{12}

Public schools are the only facilities uniquely suited to offer core services for the majority of children with learning disabilities. These children are conservatively estimated to constitute 10% of the elementary-age population. Considering the sheer number of such children and the fact that they come from homes which cut across all levels of economic and cultural backgrounds, the public schools become the only logical agency to provide for their unique educational and social needs. The administrative framework of public school education is prepared by experience for both short and longrange planning in order to provide the necessary service for this large group of exceptional children.

(Edgington)\textsuperscript{13}

The failing learner is no longer a statistic of minor significance- the percentage of failing students is increasing annually. In the final analysis, the issue is educational. This focus must be maintained by all disciplines that come upon the scene.

(Barach)\textsuperscript{1}

In dealing with methods of overcoming the reversal tendency, it would be well to define some terms used in relation to the problem.

The first such term is "laterality". The growing infant uses both sides of his body in unison in gross movements, making no distinction.
between left and right. In later development, through random movement and experimentation, the child establishes the ability to distinguish between the right and left sides of his body separately and simultaneously.

If for various reasons, laterality is not commensurate in maturation with other areas on the growth and development continuum, then there might be problems in learning in academic situations, as has been indicated by empirical, and experimental evidence.

Laterality is intimately related to the directionality construct. In our Western society, whether an individual is right-handed or left-handed, reading is accomplished from left to right. Disturbances in laterality often mean disfunction in directionality. For this reason the two areas are often approached clinically at the same time.

The neurologically handicapped child shows "soft" neurological signs. Among these are difficulties in visual perception and visual motor coordination, emotional lability, hyperkinesia and distractability. Posture, gait, self-image and body awareness are all signs that tell about the individual child.

Significant Variables

Many theorists, psychologists and specialists in education currently assume that mastery of perceptual-motor functions is necessary prior to acquisition of higher cognitive processes and hence, to scholastic achievement. An experimental
design allowing variation in perceptual-motor functioning and scholastic ability tested this assumption. Contrary to the tested assumption some subjects perform well in school despite perceptual-motor deficiencies. In addition, it is scholastic achievement rather than perceptual-motor achievement (assumed to be crucial to learning) which discriminated between our groups in terms of their reliance on perceptual-motor or conceptual means in specially designed learning tasks.

Both younger and older children can be found who show gross deficits in perceptual-motor abilities and who, despite these deficits, are able to function very well in school and who do reveal reliance on conceptual means in our experimental tasks.

(Bibace)
Transfer of Training

The acceptance of the concepts of educability of cognitive abilities is now so widespread that we tend to forget that a relatively few years ago there was a real need to demonstrate that psycholinguistic ability could be improved before getting on to the more important business of rejoining the remedial techniques. But the prolongation of this early type of research is regrettable and hopefully in the near future the efficacy of remediation will be judged by movement in such areas such as reading, writing and speaking.  

(Bateman)
The research design used was the Campbell and Stanley Design 6*, that is, the posttest two-group design.

Group I. \( R \times O_1 \)

Group II. \( R \times O_2 \)

Times: 1, 2, 3, 4, 5, and 6.

The initial preparation for Project PEEP began at the end of the school year 1969-70. During this period the whole kindergarten population of the New Bedford Public School System were screened by the K.S.Test. (Kindergarten Screening Test known as the Mahon Test) A total of 1,200 children were screened out of which a sample population of 260 children were selected based upon the following criteria. Each child selected had failed five or more subtests of the K.S.Test.

Prior to administration of the tests, 25 teacher aides were trained in giving, correcting and interpreting these tests.

For the purpose of this study the schools were divided by random selection into either Group I or Group II. Group I is known as the Experimental Group to receive the Mahon system of training. Group II is the Control Group which received the same hours of training but given solely from the reading system currently in use in the school building. The teacher aides had been assigned to their school prior to this study and all remained in their original positions.

Methods and Procedures (continued)

The procedures for both groups in the research (sample) population followed the same pattern. The figures indicate the Time Line followed.

Time 1.

C and E Population

Figure 1. Identification of potential reading failures among total kindergarten pupils in the New Bedford Public School System. (C is Control and E is Experimental for pupils who failed five or more subtests in the K.S. Test, the Mahon Test)

Time 2.

Figure 2. Total potential failures identified by Slingerland and Mahon Tests.

Time 3.

Group I n-138
Group II n-122

Figure 3. Identification of subpopulation by random assignment into either Group I, Experimental, or Group II, Control.
Methods and Procedures (continued)

At this time all individualized instruction was administered by the teacher aides. The Control Group received Lippincott or other systems favored by the individual school. The Experimental Group received instruction in the Mahon System exclusively.

Time 4.

![Figure 4. Students receiving assistance.](image)

Mahon System with teacher aides and Dr. Mahon.
Lippincott et al. systems with teacher aides and classroom teacher.

Three sets of achievement tests were administered, scored and recorded for each pupil in the Experimental and Control groups. These tests were labeled as the Metropolitan (Met), Houghton Mifflin (HM), and Lippincott (Lip). The last test, the Lip, was further broken down into Lip A Form and Lip B Form with Lip T used to identify the totals of Lip A and Lip B into one final total.

Time 5.

![Figure 5. All students tested as described above, except those transferred out of program.](image)
Methods and Procedures (continued)

Time 6.

At Time 6 (beginning April 15, 1971) raw data of all the tests, that is, the Mahon, Slingerland, Met, HM, and Lip, were codified for computer and statistical analysis. The computer analysis yielded output of correlation matrices for further analysis in support or non-support of the Mahon Test. The statistical analysis was performed by hand to yield t tests.

The total sample population initially identified as having potential reading difficulties was 260, of which ten were eliminated from the final analysis because of incomplete data. The reasons for incomplete data came from many sources; some had moved out of the area, some did not complete the learning phase for reasons of illness or transfer. Seven other students had one set of t test scores missing; this information was approximated by using the model score of the particular schools attended by these students.

At the end of Time 6 (approximately the end of June, 1971) Group I, Experimental, had an n of 134 and Group II had an n of 116, with a total of 250 students completing this experimental phase.

The results of this analysis will be presented in chart form on the following pages.
TABLE 1. Diagram for Correlations of Subtests of the Mahon Test with Subtests and Total Scores of the Slingerland, Metropolitan, and Houghton Mifflin Tests.

**MAHON TEST**

<table>
<thead>
<tr>
<th>TEST</th>
<th>One column for each subtest measured no total M</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Slingerland Test</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>subtests and total scores</td>
<td>r, M, S.D. expected to have no difference between Groups 1 and 2; validity coefficients.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Metropolitan Test</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>subtests and total scores</td>
<td>r, M, S.D. expected to be different between Groups 1 and 2, lower for Group 1 r but higher for Group 1 M.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Houghton Mifflin Test</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>subtests and total scores</td>
<td>r, M, S.D. expected to be different between Groups 1 and 2, lower for Group 1 r but higher for Group 1 M.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>M and S.D. expected to have no difference between Groups 1 and 2; but both group r's less than school M.</td>
<td></td>
</tr>
<tr>
<td><strong>S.D.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a---Separate table for Groups 1 and 2.
c---M and S.D. for Mahon Test subtests; none available for total test.

Other---Mahon Test subtests M and S.D. will be available for comparison to those of Groups 1 and 2.
Methods and Procedures (continued)

All data was first recorded on pencilled work-
sheets using 60 sectioned computer pads. These
worksheets were filled according to our key code (on
file but not included).

Finally all data was coded and run through the
computer from which our final tables are obtained.
This data is filed at Boston College Computer Center.

The correlation matrices refer to the tests
listed in Table 1, with the addition of the Lippincott
Forms A and B.

a) The Mahon Test Intra Item Correlation matrix
   (21 x 21) focuses toward finding independent measure-
   ments and hence independent variables; correlations
to approximate zero.

b) The Mahon Test and the Slingerland Test matrix
   should show about the same correlation for both groups.
   These correlations can be considered validity coefficients;
since the Slingerland Test is normally used to identify
children with potential reading difficulties.

c) Achievement Tests were given at the end of the
   experiment. The Mahon Test with the Metropolitan Test,
   Form A. This correlation is expected to be different
   between groups I and II, with Group I lower, if t test
   indicates significant difference.

d) The Mahon Test with the Houghton Mifflin
   correlations should follow pattern indicated in c) above.

e) The Mahon Test with the Lippincott Tests, Forms
   A and B, taken separately should also follow the pattern
   of both c) and d) above.

One small departure from the original research plan
was carried out, that is, the Lippincott, Test B. Form,
was given as well as the tests listed in the proposal.
This was done in order to obtain pupil progress findings
at more advanced stages than previously anticipated. This
B. Form includes a test of long vowel mastery as applied
in decoding and reading skills. This is not included in the
A. Form of the same test, or at the same level of attainment
in the other tests given.
TEST MATERIALS


2. Mahon, Florence L., Kindergarten Screening Test, New Bedford Public Schools, New Bedford, Mass. 02740, 1969; also, Teacher's Booklet; referred to as the Mahon Test.


16.
CHAPTER 3; RESULTS OF THE EXPERIMENT

The total subpopulation completing the learning phase was 250. From the original number of students identified (264) as having potential learning difficulties, 260 entered the experiment. Others, numbering 10, were eliminated from the final computations for reasons of incomplete data. The information given for incomplete data was that some had transferred out of the school, others had moved out of the area and the rest had missed days through illness and were unable to complete the period of instruction.

Seven additional students had no data for one set of test scores; information was approximated by using the modal score of the particular schools attended by these students. At termination of the project Group I, had an n of 134 and Group II, had an n of 116, making a total of 250 finishing the experiment.

TABLE II

ACADEMIC TEST RESULTS: MEANS AND STANDARD DEVIATIONS OF GROUPS I AND II IN READING ACHIEVEMENT TESTS

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Statistic</th>
<th>Met.</th>
<th>H.M.</th>
<th>Lipp A</th>
<th>Lipp B</th>
<th>Lipp T</th>
</tr>
</thead>
<tbody>
<tr>
<td>E (I) 134</td>
<td>Mean</td>
<td>71.56</td>
<td>19.23</td>
<td>54.27</td>
<td>50.13</td>
<td>104.40</td>
<td></td>
</tr>
<tr>
<td></td>
<td>S.D.</td>
<td>11.57</td>
<td>2.63</td>
<td>11.66</td>
<td>13.03</td>
<td>23.36</td>
<td></td>
</tr>
<tr>
<td>C (II) 116</td>
<td>Mean</td>
<td>72.11</td>
<td>19.06</td>
<td>54.67</td>
<td>46.70</td>
<td>101.37</td>
<td></td>
</tr>
<tr>
<td></td>
<td>S.D.</td>
<td>9.94</td>
<td>2.75</td>
<td>10.56</td>
<td>12.09</td>
<td>21.13</td>
<td></td>
</tr>
</tbody>
</table>

TABLE III

MEANS AND STANDARD DEVIATIONS OF SCHOOLS IN READING ACHIEVEMENT TESTS

<table>
<thead>
<tr>
<th>Number - Name</th>
<th>Group</th>
<th>Mean</th>
<th>S.D.</th>
<th>Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 J. Swift</td>
<td>1</td>
<td>79.50</td>
<td>4.95</td>
<td>22.00</td>
<td>0.00</td>
</tr>
<tr>
<td>02 A. Lincoln</td>
<td>1</td>
<td>75.54</td>
<td>10.78</td>
<td>19.36</td>
<td>2.57</td>
</tr>
<tr>
<td>03 J.A. Parker</td>
<td>1</td>
<td>67.32</td>
<td>9.33</td>
<td>18.55</td>
<td>2.34</td>
</tr>
<tr>
<td>04 Mt. Pleasant</td>
<td>1</td>
<td>76.31</td>
<td>10.48</td>
<td>18.08</td>
<td>4.09</td>
</tr>
<tr>
<td>05 Congdon</td>
<td>1</td>
<td>71.82</td>
<td>7.47</td>
<td>18.18</td>
<td>2.60</td>
</tr>
<tr>
<td>06 Kemptton</td>
<td>1</td>
<td>73.19</td>
<td>7.64</td>
<td>19.13</td>
<td>2.87</td>
</tr>
<tr>
<td>07 Carney</td>
<td>1</td>
<td>74.06</td>
<td>11.37</td>
<td>20.75</td>
<td>1.29</td>
</tr>
<tr>
<td>08 T. Rodman</td>
<td>1</td>
<td>66.64</td>
<td>10.04</td>
<td>21.09</td>
<td>1.04</td>
</tr>
<tr>
<td>09 E. Hathaway</td>
<td>1</td>
<td>75.93</td>
<td>7.72</td>
<td>18.00</td>
<td>2.97</td>
</tr>
<tr>
<td>10 E.C. Brooks</td>
<td>1</td>
<td>67.00</td>
<td>6.96</td>
<td>17.50</td>
<td>2.07</td>
</tr>
<tr>
<td>11 Clark St.</td>
<td>1</td>
<td>76.00</td>
<td>8.37</td>
<td>17.50</td>
<td>2.07</td>
</tr>
<tr>
<td>12 Dunbar</td>
<td>2</td>
<td>71.60</td>
<td>7.57</td>
<td>18.40</td>
<td>3.78</td>
</tr>
<tr>
<td>13 Winstead</td>
<td>2</td>
<td>67.17</td>
<td>5.27</td>
<td>20.00</td>
<td>1.10</td>
</tr>
<tr>
<td>14 Knowlton</td>
<td>2</td>
<td>73.00</td>
<td>9.81</td>
<td>19.43</td>
<td>2.85</td>
</tr>
<tr>
<td>15 Phillips Ave.</td>
<td>2</td>
<td>81.63</td>
<td>6.78</td>
<td>20.13</td>
<td>2.30</td>
</tr>
<tr>
<td>16 Taylor</td>
<td>2</td>
<td>74.17</td>
<td>9.55</td>
<td>19.33</td>
<td>2.07</td>
</tr>
<tr>
<td>17 Campbell</td>
<td>2</td>
<td>77.43</td>
<td>8.41</td>
<td>19.71</td>
<td>1.27</td>
</tr>
<tr>
<td>18 C. Ashley</td>
<td>2</td>
<td>66.63</td>
<td>8.05</td>
<td>18.11</td>
<td>2.67</td>
</tr>
<tr>
<td>19 S. Ottiwell</td>
<td>2</td>
<td>70.78</td>
<td>12.54</td>
<td>19.61</td>
<td>2.33</td>
</tr>
<tr>
<td>20 Clifford</td>
<td>2</td>
<td>67.39</td>
<td>8.66</td>
<td>17.39</td>
<td>3.36</td>
</tr>
</tbody>
</table>
TABLE IV

THE MEAN AND STANDARD DEVIATION FOR THE LIPPINCOTT TEST A AND B FORMS TOTAL, ALSO NUMBER OF PUPILS IN THE EXPERIMENT FROM EACH SCHOOL, AND SCHOOL

<table>
<thead>
<tr>
<th>Number</th>
<th>Group</th>
<th>Mean</th>
<th>Lipp. T.</th>
<th>J.D.</th>
<th>N.</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>1</td>
<td>134.00</td>
<td>2.63</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>02</td>
<td>1</td>
<td>104.09</td>
<td>27.55</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>03</td>
<td>1</td>
<td>90.64</td>
<td>21.70</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>04</td>
<td>1</td>
<td>92.36</td>
<td>23.14</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>05</td>
<td>1</td>
<td>103.45</td>
<td>13.65</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>06</td>
<td>1</td>
<td>108.30</td>
<td>22.08</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>07</td>
<td>1</td>
<td>113.17</td>
<td>16.16</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>08</td>
<td>1</td>
<td>128.55</td>
<td>9.23</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>09</td>
<td>1</td>
<td>120.06</td>
<td>12.14</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>107.50</td>
<td>22.33</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
<td>81.33</td>
<td>17.90</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>12</td>
<td>2</td>
<td>107.30</td>
<td>16.97</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>13</td>
<td>2</td>
<td>109.17</td>
<td>13.16</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>14</td>
<td>2</td>
<td>88.07</td>
<td>26.33</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>15</td>
<td>2</td>
<td>112.63</td>
<td>19.26</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>16</td>
<td>2</td>
<td>110.17</td>
<td>11.02</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>17</td>
<td>2</td>
<td>111.14</td>
<td>16.01</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>18</td>
<td>2</td>
<td>102.00</td>
<td>11.20</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>2</td>
<td>101.61</td>
<td>16.14</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>20</td>
<td>2</td>
<td>96.76</td>
<td>19.03</td>
<td></td>
<td>18</td>
</tr>
</tbody>
</table>
TABLE V

STATISTICAL TEST RESULTS;
SUMMARY OF t TESTS OF DIFFERENCE BETWEEN MEANS
OF GROUPS IN READING ACHIEVEMENT TESTS

<table>
<thead>
<tr>
<th>MET</th>
<th>H.M.</th>
<th>LIP A</th>
<th>LIP B</th>
<th>LIP T</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>-.4027</td>
<td>.5015</td>
<td>.2850</td>
<td>2.143*</td>
<td>1.0603</td>
<td>250</td>
</tr>
</tbody>
</table>

* Significant at the .05 level at 248 degrees of freedom with a one-tailed test; all others not significant.

From Table 4, all t statistics but for the MET are positive indicating a slightly better achievement for Group I, but only for the Lip B Test was the t statistic significant. There appeared to be a decrement for Group I in the MET; that is, Group II scored better, but again the two groups cannot be considered different in achievement regardless of the fact that due to the randomization process, there were more pupils with greater reading difficulties in the experimental group.

Clearly the Mahon System does make a difference in reading readiness as measured by the Lippincott B Test. But, apparently all standardized methods of reading readiness prepare equally for standardized achievement tests in beginning reading. The correlation matrix between the Mahon Test and the Lip B Test should, therefore, reveal some kind of amplifying information as to why the t test for the Lip B was significant.
TABLE VI
A COMPOSITE OF CORRELATION COEFFICIENTS AMONG READING ACHIEVEMENT TESTS FOR GROUPS I AND II

<table>
<thead>
<tr>
<th>C(II)</th>
<th>E(I)</th>
<th>MET</th>
<th>H.M.</th>
<th>LIP A</th>
<th>LIP B</th>
<th>LIP T</th>
</tr>
</thead>
<tbody>
<tr>
<td>MET</td>
<td>.4704</td>
<td>.2659</td>
<td>.3739</td>
<td>.2280</td>
<td>.3139</td>
<td></td>
</tr>
<tr>
<td>H.M.</td>
<td></td>
<td>.5978</td>
<td>.5982</td>
<td>.6323</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIP A</td>
<td>.5500</td>
<td>.5591</td>
<td>.7883</td>
<td>.9392</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIP B</td>
<td>.5097</td>
<td>.5216</td>
<td>.7400</td>
<td>.9516</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIP T</td>
<td>.5664</td>
<td>.5777</td>
<td>.9230</td>
<td>.9419</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*All r's are significantly different from zero at the .05 level.

Note that correlations for Group I, read at the upper right hand portion of the matrix, are in many cases much lower than those corresponding for Group II, in lower left hand corner of matrix. This was expected by implication in the original design.

It seems that over a period of time that the Mahon System prepared Group I differently than Group II, although advancing them in the final test.

The experimental and control groups achieved equally well by the Mahon System, as measured by the following tests at the end of the instruction time as did those instructed in other methods or systems of reading preparation. The tests referred to are:

a) Metropolitan, Form A
b) Houghton-Mifflin
c) Lippincott, Forms A and B

However, in the Lippincott Test B, the students taking the Mahon Test did significantly better; that is, the t test of difference between means with 248 degrees of freedom with a one-tailed test was significant at the .05 level (t equal to 2.143).
### Significant Test-Subtest Correlations (r 05) Between Mahon Test and Lippincott Tests A and B for Group I.

#### For Control Group
- r 05: -0.182

#### For Experimental Group
- r 05: -0.168

---

**Table:**

<table>
<thead>
<tr>
<th>Test A</th>
<th>Test B</th>
<th>Test C</th>
<th>Test D</th>
<th>Test E</th>
<th>Test F</th>
<th>Test G</th>
<th>Test H</th>
<th>Test I</th>
<th>Test J</th>
<th>Test K</th>
<th>Test L</th>
<th>Test M</th>
<th>Test N</th>
<th>Test O</th>
<th>Test P</th>
<th>Test Q</th>
<th>Test R</th>
<th>Test S</th>
<th>Test T</th>
<th>Test U</th>
<th>Test V</th>
<th>Test W</th>
<th>Test X</th>
<th>Test Y</th>
<th>Test Z</th>
</tr>
</thead>
</table>

---

**Footnote:**

- Decimal points precede values.
- r 05 for Control Group: -0.182
- r 05 for Experimental Group: -0.168

---

**Mahon Test**

- Lippincott Tests A and B for Group I. (r 05) > 0.168

---

**Significant Test-Subtest Correlations (r 05) Between Mahon Test and**

---

**Note:**

- E(1) N= 134  
- r o5) .168

---

**Reference:**

- E(1) N= 134  
- r o5) .168
### Significant Test-Subtest Correlations (r 05) Between Mahon Test and Lippincott Tests A and B for Group II.

<table>
<thead>
<tr>
<th>Test A</th>
<th>Test B</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.6993</td>
<td>2.7168</td>
<td>6</td>
</tr>
<tr>
<td>3.0599</td>
<td>1.7168</td>
<td>8</td>
</tr>
<tr>
<td>2.4744</td>
<td>1.2517</td>
<td>7</td>
</tr>
<tr>
<td>2.8733</td>
<td>1.5968</td>
<td>9</td>
</tr>
<tr>
<td>0.0100</td>
<td>1.8668</td>
<td>7</td>
</tr>
<tr>
<td>1.1402</td>
<td>1.7149</td>
<td>5</td>
</tr>
<tr>
<td>9.9371</td>
<td>2.4746</td>
<td>4</td>
</tr>
<tr>
<td>6.3295</td>
<td>4.4539</td>
<td>3</td>
</tr>
<tr>
<td>1.6769</td>
<td>1.6326</td>
<td>2</td>
</tr>
<tr>
<td>5.1158</td>
<td>3.8888</td>
<td>1</td>
</tr>
</tbody>
</table>

---

**Mahon Test**

Lippincott Tests A and B for Group II. C (2) N = 116 p 05 > 182

Significant Test-Subtest Correlations (r 05) Between Mahon Test and
<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.82</td>
</tr>
<tr>
<td>2</td>
<td>1.27</td>
</tr>
<tr>
<td>3</td>
<td>1.58</td>
</tr>
<tr>
<td>4</td>
<td>1.07</td>
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<tr>
<td>5</td>
<td>0.85</td>
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<tr>
<td>6</td>
<td>0.69</td>
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<tr>
<td>7</td>
<td>0.62</td>
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<td>8</td>
<td>0.58</td>
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<tr>
<td>9</td>
<td>0.54</td>
</tr>
<tr>
<td>10</td>
<td>0.50</td>
</tr>
</tbody>
</table>

Note: The values in the table represent the significant interitem correlations (r > 0.5) of Mahon Test for Groups 1 and 2.
Significant Teat-Subteat Correlations (r 0.5) Between Mahon Teat and Metropolitan Test for Groups 1 and 2

<table>
<thead>
<tr>
<th>Group I</th>
<th>n = 134</th>
<th>r 0.168</th>
</tr>
</thead>
<tbody>
<tr>
<td>TROPOL</td>
<td>2.0567</td>
<td></td>
</tr>
<tr>
<td>ITAN</td>
<td>1.6867</td>
<td></td>
</tr>
<tr>
<td>TEST</td>
<td>2.4322</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 2</th>
<th>n = 160</th>
<th>r 0.226</th>
</tr>
</thead>
<tbody>
<tr>
<td>TROPOL</td>
<td>1.9701</td>
<td></td>
</tr>
<tr>
<td>ITAN</td>
<td>1.5672</td>
<td></td>
</tr>
<tr>
<td>TEST</td>
<td>1.9411</td>
<td></td>
</tr>
</tbody>
</table>

SD

<table>
<thead>
<tr>
<th>Group I</th>
<th>m 9.4935</th>
</tr>
</thead>
<tbody>
<tr>
<td>TROPOL</td>
<td>2.0557</td>
</tr>
<tr>
<td>ITAN</td>
<td>3.0744</td>
</tr>
<tr>
<td>TEST</td>
<td>1.7988</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 2</th>
<th>m 9.4935</th>
</tr>
</thead>
<tbody>
<tr>
<td>TROPOL</td>
<td>1.9586</td>
</tr>
<tr>
<td>ITAN</td>
<td>2.9284</td>
</tr>
<tr>
<td>TEST</td>
<td>1.6967</td>
</tr>
</tbody>
</table>

Footnotes:

- Little noteworthy or different between the two groups.
- Group - 1660. ± 05 for control group - 1760.
- Decrement point progresses values ± 0.5 for experimental.

**Table**

<table>
<thead>
<tr>
<th>Metropolitan Test</th>
<th>MAHOL TEST</th>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.6913</td>
<td>1.0327</td>
<td>1.0751</td>
<td>1.1096</td>
</tr>
<tr>
<td>7.2417</td>
<td>1.2096</td>
<td>1.2485</td>
<td>1.2789</td>
</tr>
<tr>
<td>7.8913</td>
<td>1.3786</td>
<td>1.4185</td>
<td>1.4490</td>
</tr>
<tr>
<td>8.5413</td>
<td>1.5486</td>
<td>1.5885</td>
<td>1.6190</td>
</tr>
<tr>
<td>9.1913</td>
<td>1.7186</td>
<td>1.7585</td>
<td>1.7890</td>
</tr>
<tr>
<td>9.8413</td>
<td>1.8886</td>
<td>1.9285</td>
<td>1.9590</td>
</tr>
</tbody>
</table>

**Significant Test-Subject Correlations (r 0.05) between Mahon Test and Metropolitan Test**

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Footnotes:

- Little noteworthy or different between the two groups.
- Group - 1660. ± 05 for control group - 1760.
- Decrement point progresses values ± 0.5 for experimental.
Significant Test-Subtest Correlations ($r \geq 0.5$) Between Mahon Test and Slingerland Test for Groups I and II

<table>
<thead>
<tr>
<th>MAHON TEST</th>
<th>SLINGERLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
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<td>4</td>
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</tr>
<tr>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

Group I: $n = 134$, $r \geq 0.5$.

Group II: $n = 116$, $r \geq 0.5$.
### Significant Test-Subtest Correlations (r ≥ 0.5) Between Mahon Test and Houghton-Mifflin Test for Groups I and II

#### Group I ($n = 174$)

<table>
<thead>
<tr>
<th>Subtest</th>
<th>SD</th>
<th>Mean</th>
<th>T-score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>SD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Houghton Mifflin Test 1</td>
<td>276.21</td>
<td>19.069</td>
<td>17.95</td>
</tr>
<tr>
<td>Houghton Mifflin Test 2</td>
<td>265.71</td>
<td>18.097</td>
<td>16.76</td>
</tr>
</tbody>
</table>

#### Group II ($n = 116$)

<table>
<thead>
<tr>
<th>Subtest</th>
<th>SD</th>
<th>Mean</th>
<th>T-score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>SD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Houghton Mifflin Test 1</td>
<td>264.43</td>
<td>18.097</td>
<td>16.76</td>
</tr>
<tr>
<td>Houghton Mifflin Test 2</td>
<td>252.98</td>
<td>19.069</td>
<td>17.95</td>
</tr>
</tbody>
</table>

#### Table of Results

<table>
<thead>
<tr>
<th>Subtest</th>
<th>Group I SD</th>
<th>Group I Mean</th>
<th>Group I T-score</th>
<th>Group II SD</th>
<th>Group II Mean</th>
<th>Group II T-score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>276.21</td>
<td>19.069</td>
<td>17.95</td>
<td>264.43</td>
<td>18.097</td>
<td>16.76</td>
</tr>
</tbody>
</table>

Nothing noteworthy or different between the two groups.
The correlations between the Mahon Test subtests and the Lippincott B Test subtests were checked and the following information found (see Tables VII and VIII).

a) The number of significant correlations for the experimental group, which totaled 31, was much less than that for the control group, which totaled 43, at the .05 level of significance.

b) Of the 43 control groups significant correlations and the 31 experimental group significant correlations, the two groups had 12 significant correlations in common. The number of significant correlations not found in the experimental group but found in the control group was 12, whereas the significant number of correlations not found in the control group but found in the experimental group was 19.
CHAPTER 4: CONCLUSIONS


The conclusions from the t tests are that
a) Group I, the experimental group with the Mahon System of reading readiness, achieved significantly better than Group II in the Lip B Test
b) Groups I and II achieved equally well in all other tests.

The results of this study have shown that it is possible to accelerate young children in acquisition of reading skills without causing emotional problems.

It is possible to introduce the long-vowel along with the short vowel without causing confusion in the young learner.

Without taking the I.Q. into account, all children (in the project) regardless of initial learning problems were able to achieve equally well in showing progress in areas of deficiency. In the Lippincott B Test all children who had received instruction in the Mahon System of preparation for reading, that is, the experimental group, demonstrated greater achievement than the control group.

The Kindergarten Screening Test provides excellent diagnostic potential in the areas of:
1) Verbal fluency
2) Matching words
3) Discrimination of letter sounds
4) Discrimination of words identified by sound or initial consonant.

It may be inferred, then, that the Mahon System presents and prepares the student better in the following areas:
1) Verbal fluency
2) Matching designs
3) Matching words
4) Discrimination of letter sounds
5) Discrimination of words identified by sound or initial consonant.
These areas, among others, as found in the Mahon Test, are reflected in the Mahon System. Evidently this system does a good job for students especially in the areas of visual and auditory discrimination.

The systematic effects of the Mahon System prepares the experimental group better for the Lip B Test than the other systems used for the control group. This is demonstrated by the fact that the students in the experimental group did equally well in achievement, as measured by the Lip B Test, regardless of any possible ordering of students from high to low before instruction. (Two factors which were not studied were the ranking of students according to their I.Q. score and by their subtest score, that is, did they fail five or anywhere from five to twenty subtests in the Mahon Test.

As a direct outcome of the study, the Mahon Test has been revised. In its new form it can be easily understood by paraprofessionals for diagnostic purposes.

Other outcomes are:

a) Teacher aides have proved capable of carrying out specific teaching responsibilities. (This capability should be studied for its contribution in aiding progress in the early grades.

b) In teaching reading readiness it is possible to introduce the long vowel at the same time as the short vowel, without deleterious effects. (This is established by the results of the Lip B Test.)

c) A precedent has been established for more intensive training being appropriate for the young school child.

d) All the objectives of the study were met, regardless of interim administrative changes due to circumstances beyond control.

e) This study also pointed up the value of having principals with expertise in differing fields work together for the benefit of improving early childhood education.
CHAPTER 5: RECOMMENDATIONS

1. A study of the results of this experiment indicate that pre-phonics training is highly effective when administered to children between kindergarten and first grade levels. It is, therefore, proposed that several replications of this treatment be made in order to test whether the same progress is obtained for other children from various economic and geographic areas.

2. The t test of difference, shown in Table V, clearly indicates the advances made by the experimental group in learning the "long vowels" at the same time as the short vowels. This method of instruction verifies the assumption that it is both possible and practical to introduce the long vowel at an earlier stage than usual. This method of instruction may be introduced in other systems.

3. Evidence substantiates that the skills necessary for good reading, which are sometimes found lacking with the beginner, may be enhanced by early diagnosis followed by appropriate individualized instruction. This procedure is advocated where there are any potential learning problems.

4. In general, and because of the administrative limitations experienced during this project, it is believed that this experiment could be beneficially replicated with the following modifications: a) The teacher aides should be trained in instruction of System prior to teaching time; b) Post-testing should be given earlier in the school year to ascertain amount of accelerated learning by the experimental group; c) A longitudinal plan should be incorporated with the research design.

5. Because of the growing need to prevent the large numbers of school reading failures, it is advocated that a closer look be given to the advantages of early pre-phonics training.

6. This early start into the mechanics of reading does not confuse or develop emotional problems among the children receiving instruction.

7. It is suggested that this System be tried with a homogeneous group of bi-lingual children with similar correlations being made. This would test the possibilities of introducing the mechanics of reading without developing a language barrier. It is believed that the young child is more flexible at this stage of his development to receive this instruction.
BIBLIOGRAPHY


2. Bateman, Barbara, "Three Approaches to Diagnosis and Educational Planning for Children with Learning Disabilities." Academic Therapy Quarterly, Vol. 11, No. 4


27. Koppitz, Elizabeth M., John Sullivan, David D. Blyth and Joel Shelton. "Prediction of First Grade School Achievement with the Bender Gestalt Test and Human Figure Drawings." Journal of Clinical Psychology, Vol. XV, (April, 1959), 164-166.


KINDERGARTEN SCREENING TEST
New Bedford, Massachusetts

I. IDENTIFICATION
1. Child's Name ____________________________ School ____________________

2. Chronological Age: Year Month Day
   Date of screening test ______ ______ ______
   Date of birth ______ ______ ______
   Chronological Age ______ ______ ______

3. Pre-school Status:
   * Did this child attend Pre-School classes? (check) ______ Yes ______ No

4. Bi-lingulism in the Home:
   * Is a language other than English spoken in the home? (check) ______ Yes ______ No

5. Non-English:
   * Has this child been in this country for less than one year? (check) ______ Yes ______ No

II. COGNITIVE FUNCTIONS

1. Deviation Intelligence Quotient (DIQ)
   Lorge Thorndike Intelligence Test Level 1
   Administered May, 1969
   * Vocabulary ______
   * Differences ______ (record)
   * Similarities ______
   * DIQ ______

2. Verbal Fluency:
   * Can this child tell a story with good content and verbal fluency? ______ Yes ______ No

   + or -
KINDERGARTEN SCREENING TEST

Page 42

Note: Refer to this page for partial assessment of Hand Motor Coordination (III-5)
Note: Refer to this page for partial assessment of Hand Motor Coordination (III-5)
Notes: Refer to this page for partial assessment of Hand Motor Coordination (21x= 4 and 23x = 5)
Baby cries.

Fix the Kite.

A girl jumped

Note: Refer to this page for partial assessment of Hand Motor Coordination (III-4 and III-5)
III. VISUAL-MOTOR COORDINATION (continued)

4. Reversals of Letters or Numerals:
   a. The teacher will indicate whether reversals are noticeably absent in the writing of the child in everyday work.
   ______Yes ______No

   b. The test administrator will note whether there are less than four reversals in the writing of name, numerals, letters or words in this screening test. (Survey Pages: 2 P; 3 P; 7 P (1) and 7 P (2)). ______Yes ______No.

   SCORING: ARE BOTH ANSWERS TO THE ABOVE YES? ______Yes ______No

5. Eye-Hand Coordination:
   a. The teacher will indicate whether the child performs with eye-hand coordination appropriate for his age level by answering the following questions:

   Does the child hold the pencil or crayon correctly and comfortably? ______Yes ______No

   Does the child color designs reasonably well within the lines? ______Yes ______No

   b. The test administrator will assess the eye-hand coordination of the child by referring to following pages of this test: 2 P; 3 P; 4 P; 5 P; 6 P; 7 P (1); 7 P (2); 14 P.

   Are the lines executed with firm strokes without wavering to a noticeable degree? Are closures without gaps or overlapping? ______Yes ______No

   SCORING: ALL ANSWERS TO THE QUESTIONS ABOVE MUST BE YES FOR A SCORE OF "PLUS".
   ______Yes ______No

   + or -
IV. BODY COORDINATION

1. The teacher will answer the following questions:

Does the child:

a. Skip on both feet? ______ Yes ______ No
b. Hop on one foot? ______ Yes ______ No
c. Balance standing on one leg? ______ Yes ______ No
d. Throw a ball at a target? ______ Yes ______ No
e. Perform activities with relative ease and lack of awkwardness? ______ Yes ______ No
f. Walk with normal posture and rhythm? ______ Yes ______ No
g. Articulate with speech consistent with age? ______ Yes ______ No
h. Have normal vision? ______ Yes ______ No
i. Have normal hearing? ______ Yes ______ No

SCORING: ALL ANSWERS (a. through i.) MUST BE RECORDED AS "YES" TO BE SCORED WITH A FINAL "PLUS". WHEN THE SCORE IS "MINUS" INDICATE THE LETTER (a. through i.) OF THE ITEM FAILED.

______ Yes ______ No

+ or Letter
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not hen run
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sun chin can
that what fun
pat dot bog
VII. PERSONALITY AND BEHAVIOR

2. Social-Emotional Characteristics:

The teacher will complete the following:
A "Yes" answer is scored with a "plus".
A "No" answer is scored by using the code letter(s) as indicated on Page 15 T.

a. Does the child willingly accept separation from his parent(s) or other person upon whom he depends? ___ Yes ___ No

b. Is the child generally independent in accepting responsibility for his own welfare up to his age level expectancy? ___ Yes ___ No

c. Does the child participate in the classroom activity without making excessive demands for attention? ___ Yes ___ No

d. Does the child participate with the group, not being withdrawn? ___ Yes ___ No

e. Is the child generally alert? ___ Yes ___ No

f. Does the child willingly wait for what he wants and is his frustration tolerance fairly high? ___ Yes ___ No

g. Does the child conform to classroom activity without excessive aggression? ___ Yes ___ No

h. Does the child complete required activity within the specified time? ___ Yes ___ No

i. In general does the child have good attention span and concentration consistent with his age level? ___ Yes ___ No

SCORING: ON THE PROFILE CHART, RECORD A "PLUS" IF ALL ANSWERS ARE "YES". FOR A "NO" WRITE IN THE CODE LETTERS ON THE PROFILE. ___ Yes ___ No + or Letters
A. This approach to reading begins at a level based upon the assumption that the child needs assistance to master the skill at every new step in the learning process.

B. Original techniques for the teacher are presented to assist the child over each new hurdle represented by minute steps in cognitive, auditory, visual and associational development.

C. The composition of the word is developed from the basic C-V-C concept (consonant-vowel-consonant) with the vowel as a pivot. The development is in strict left-to-right sequence so that the slow child is not confused by skipping from one component to the next.

The material in the instructional packet is used in the following manner:

1. **Charts adapted from the Little Listening Boy Books** consisting of:
   a. illustration  
   b. mouth set  
   c. printed letter needed to assist child with skills developed in steps.

   a. Recognition of auditory stimulus - the sound of the letter

   (This is accomplished by giving the sound a name such as, "the puffing sound." The slow child is helped in identifying a sound in this way.)

   b. Recognition of the visual stimulus- the configuration of the letter.

   (The letter on the chart is superimposed on a familiar object or part of the body. The slow child needs an order to recognize a configuration.)

   c. Association of sound of letter with the visual form of the letter.

   (The letter form is superimposed upon the picture that suggest the speech in isolation. The slow child needs to hear the sound in isolation before it is blended with other sounds in the word.)

   d. Auditory discrimination of the beginning sound in words.

   (The illustration of mouth position is placed under the picture on the chart as a visual avenue for helping the slow child in auditory discrimination of beginning consonant sounds. Thus the child can compare the visible mouth set of one word with another leading to "hearing" the difference in beginning sounds.)

   e. Visual discrimination of words.

   (The letter form is printed below the picture so that the child may refer to it in recognizing words beginning with that letter.)
2. Micrographed Practice Sheets
   
a. Practice printing letter over object or part of body with which it is associated.

b. Practice printing letter to reinforce memory of configuration

c. Circle letter discriminated from other letter-forms

d. Circle word beginning with specified letter from other words

e. Auditory recognition of sound at beginning of word - pictures of illustrative words; print letter underneath

f. Auditory discrimination of sound at beginning of word assisted by visual clues of corresponding mouth set; print letter

g. Auditory discrimination of sound at beginning of word without visual clue of corresponding mouth set; print letter specified.

h. Associate letter with beginning sound in word. Connect given letter with corresponding illustration. Print letters corresponding to illustration.

i. Use device for reinforcement of associating sound and symbol.

3. Reading Charts
   
a. Recognize short vowels by configuration.
      (Chart wherein letter-form is superimposed over key words and printed in corresponding color. Ex. red for apple; yellow for egg, etc.)

b. Recognize sound of short vowel.
      (Chart wherein the word for the picture clue is shortened by the "Lazy Rabbit" with a gesture to stop at first, or beginning, sound.)

c. Blend short vowel with beginning consonant.
      (Chart with list ba, ca, da, fa, etc. The child who cannot blend is assisted by the picture of a helping word at the top of the list. Ex. man. The child will say the word illustrated and repeat, but not sound the final sound. Then the child rhymes the ma with the list of syllables on the chart.)

d. Add final consonant.
      (Chart with approximately 8 simple words using the short vowel.)

e. Read simple vocabulary words in short sentences.

f. Recognize sound of long vowels.
      (Chart with printed alphabet. Child says alphabet learning the long vowels as he comes to them in the alphabet.)
g. Blend long vowels with beginning consonants.
   (Charts as for short vowels)

h. Add vowel to form vowel digraph or "magic o" and then add final consonant.
   (Learn rule: the first of the two vowels is long)

i. Read simple vocabulary words with long vowels in short sentences.

j. Discriminate between short and long vowels in words.
   (Chart with alphabet at top- to use when there are two vowels in the word,- and with the short vowel key pictures at the bottom of the chart. In the middle a word is inserted into a slot. The child counts the number of vowels. If there are two vowels, he uses his ruler to connect the vowel in the word with the corresponding vowel at the top of the chart. If there is one vowel, he uses his ruler to connect the vowel in the word with the key picture at the bottom of the chart. He says the sound for the vowel - whether long or short- and then blends with the initial consonant sound. Finally he adds the final consonant and so completes the word.) This is an area of great confusion for the slow child and the chart has proven indispensable)

4. Easy De-Coding Foldors

   Those are needed for practice. They have been made for all words using the short vowels. They will be made for long vowels, and for words with consonant blends using long and short vowels.
Helping Joey in the Classroom, is a booklet of approximately 50 pages designed to provide suggestions for the classroom teacher to give assistance to the child who fails in areas indicated by the Kindergarten Screening Test. This would include:

A. Auditory Skills for the child who has a deficit in Discrimination (5) 15pp.


C. Gross-Motor Training for the child who has poor Body Coordination (3) 33pp.

The six (6) areas in the Kindergarten Screening Test include the following subtests:

1. Cognitive: DIQ
   - Verbal Fluency
   - Writing name
   - Writing numerals
   - Following directions

2. Visual-Motor Coordination:
   - Copying designs
   - Copying letters and numerals
   - Copying words
   - Reversals
   - Eye-hand coordination

3. Body Coordination:
   - performance; posture; speech, vision; hearing

4. Visual Discrimination:
   - Matching designs
   - Matching words

5. Auditory Discrimination:
   - Letter-sounds
   - Initial consonant in word

6. Social-Emotional:
   - Draw-a Man Test
   - Dependency; withdrawal; frustration tolerance; aggressiveness; attention span

FLORENCE L. MAHON
Curriculum Coordinator
Sample Worksheets

Cut out the letter on the back cover that fits over the pipe.

Fold up on the dotted line. Staple to form pocket to store cut-out 'p'.

Practice fitting this cut-out often as you proceed with other letters.
Circle the letter that looks like the pipe.
Circle the word that begins with p

pat  pan  ran
sun  tan  pet
pin  put  car
pen  fan  peg
mat  pal  van

NAME
Trace and print...

NAME ____________________________
Name pictures; print p

p

p

NAME
Name picture, notice beginning puffing sound.

Color lips to show how puffing starts.

Print: p.

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Print "p only beside the pictures whose names begin with the puffing sound."